

Department of the Navy Human Resources Service Center		CERTIFICATION FOR FOSTER CHILDREN
Employee Name:	SSN:	DOB:
Child's Name:	Child's SSN:	Child's DOB:
<p>I desire to include the foster child listed above under my Federal Employees' Group Life Insurance Program (FEGLI) and/or the Federal Employees Health Benefits (FEHB) enrollment. I have been informed of the following requirements for coverage of a foster child under the FEGLI/FEHB Program:</p> <ul style="list-style-type: none"> • The child must be unmarried and under the age of 22. (If the child is over age 22, he/she can only be covered if he/she is incapable of self support because of a disabling condition that began before age 22. I must provide documentation of this to the HRSC East). • The child must be living with me. • The parent-child relationship must be with me, not with the biological parent. This means that I am exercising parental authority, responsibility, and control; I am caring for, supporting, disciplining, and guiding the child; I am making decisions about the child's education and health care. • I must be the primary source of financial support for the child. • I must expect to raise the child to adulthood. <p>I understand that if the child moves out of my home to live with a biological parent, he/she loses coverage and cannot ever again be covered as a foster child unless the biological parent dies, is imprisoned, or becomes incapable of caring for the child due to a disability, or unless I obtain a court order taking parental responsibility away from the biological parent.</p> <p>This is to certify that the foster child listed above lives with me; I have a regular parent-child relationship with the child as described above; I am the primary source of financial support for the child; and I intend to raise this child into adulthood.</p> <p>I will immediately notify the HRSC East (and the health benefits carrier, if the child is covered under FEHB) if the child marries, moves out of my home, or ceases to be financially dependent on me.</p>		
Employee Signature		Date